Application										or Docket Number			
PÂTENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000								9/895,047					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			73			RA	RATE FEE		1	RATE	FEE		
FOR			NUMBER FILED	LED NUMBER EXTRA		BASE	FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			73 minus 20	inus 20= · 53		XS	9=		OR	X\$18=	954		
INDEPENDENT CLAIMS			7 minus 3	7 minus 3 = 4		X4	0 =	1	OR	X80=	320		
WL	LTIPLE DEPEN	IDENT CLAIM PI	RESENT			+13	5=		OR				
* If the difference in column 1 is less than zero, enter "O" in column						101	AL		OR	L	1980		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	ALL:	ENTITY	OR	OTHER SMALL	THAN		
ENT A		CLAIMS REMAINING AFTER AMENDMENT	N PRI	IGHEST LUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 32	Minus	73	• 🥎	XS	9= 		OR	X\$18=			
AME	Independent	. 4	Minus •••	<u> 7.</u>	-	X4)=		OR	X80=			
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEPEND	ENT CLAIM		+13	5=		OR	+270=			
			• •			<u> </u>	TAL		OR	TOTAL			
		(Column 1)	. (Co	olumn 2)	(Column 3)	ADDIT.	ree		•	ADDIT. FEE			
AMENOMENT 8		- CLAIMS REMAINING - AFTER - AMENDMENT	PRE	IGHEST UMBER EVIOUSLY (ID FOR	PRESENT EXTRA	RA	Æ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.32	Minus ••	13	- 8	XS	9=		OR	X\$18=			
	independent	• 4	Minus ••• ILTIPLE DEPENDE	AT CLAIM	1-7	X40) =		OR	X80=			
	THST PRESE	NIATION OF RIC		AT COUR		+13	5 -		OR	+270=			
						ADDIT.	YAL FEE		OR	YOYAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)													
15 L		CLAIMS REMAINING AFTER AMENDMENT	PRE	GHEST UMBER EVIOUSLY UD FOR	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total .	• 1	Minus ••		= '	. X\$ 9	=		OR	X\$18=	7		
	Independent	•	Minus ***	10 01 11 1	-	X40	-		OR	X80=	·		
Ц	HAST PRESE	NIATION OF MU	ILTIPLE DEPENDE	NI CLAIM		+13				+270=			
If the nay in column 1 is less than the entry in column 2, writ 'V' in column 3.									OR OR	TOTAL			
"If th "Highest Number Pr viously Paid F I' IN THIS SPACE is less than 20, mer "20." ADDIT. FEE													
. · .	· Highest Main	ourren uay Pak	s con (som et marb)	néembe e	OP THE PARTY OF	· ····································			. ur CC	Maior I.			

FORM PTD-678 (Rev. 8/00) Patient and Timinment Office, U.S. DEPARTMENT OF COMMERCE